

BQIS Interpretive Guidelines

Provider Standards Agency Survey

December 08, 2005

Preface: These guidelines have been developed via a collaborative process involving the experience and expertise of a variety of stake holders across the state of Indiana. The intent is for them to provide parity during the survey process. Unanticipated issues may emerge that are not clearly addressed herein. Should this occur, the Bureau of Quality Improvement Services will take action as necessary to proceed in a safe and ethical manner.

Instructions: Survey questions along with the associated provider standard references are listed in the left hand column. Relevant interpretive guidelines are included in the column to the right of each survey question.

<u>Review of Policies and Procedures</u>	
The first section looks at the agency's policies and procedures. The surveyor will look for the presence of a policy and/or procedure that contains all elements as described in the rule. A document is not accepted if it does not contain <u>all</u> elements described in the rule. The BQIS surveyor will check INsite to determine which services the agency is approved to provide and ask the agency to confirm that these are the services they are approved to provide. Providers must assure that services listed in INsite are accurate and must inform BDDS in writing when they want to discontinue providing a service. BQIS staff will proceed with an agency survey unless they receive a copy of a withdrawal from services letter. The surveyor will also review all complaints lodged against a provider prior to the survey and note each complaint in the final report to BDDS. Items 2-4 apply to all providers. Items 5-14 do not apply to providers who have no employees or agents.	
2. Provider complaint procedure 460 IAC 6-8-4, 6-8-3(5)(B)	The surveyor will review the provider's written procedure to ensure it includes a mechanism to process and make decisions regarding complaints within two weeks of receiving the complaint. Surveyors will look for evidence that the procedure has been communicated to individuals served in writing and in the individual's usual mode of communication. This can often be accomplished by a sign-off sheet stating they have been informed of the complaint procedure for each individual served. It is also a best practice to assure that each individual served as a copy of the procedure.
3. Written procedure for provider or employee/agent to inform APS/CPS, the individual's legal representative, any person designated by the individual, and the provider of Case Management services of a situation involving abuse, neglect, exploitation, mistreatment of an individual or the violation of the individual's rights. 460 IAC 6-9-4(n)	The surveyor will look for the presence of a written procedure outlining the responsibility of the agency and employees/agents to report situations of abuse, neglect, etc. to the individual's legal representative, case manager, and APS/CPS, as applicable. The procedure must remind employees/agents that they are obligated to report situations of abuse, neglect, etc. directly to APS/CPS regardless of any internal reporting process.
4. Written procedure for reporting reportable incidents to BDDS 460 IAC 6-9-4(o), 6-9-5	The surveyor will look for the presence of a written procedure for reporting incidents to BDDS in accordance with the BDDS policy on Incident Reporting, including proper use of the approved reporting form. The procedure must include a listing of all reportable incidents described in the BDDS policy.
5. Policies and procedures that prohibit violations of individuals' rights. 460 IAC 6-9-3(b)	A provider who delivers services through employees/agents will have written policies/procedures that prohibit the abuse, neglect, exploitation, or mistreatment of individuals and violation of individuals' rights. The policy/procedure must include prohibitions against corporal punishment, forced physical activity, hitting, pinching, the application of painful or noxious stimuli, the use of electric shock or the infliction of physical pain, seclusion alone in an area from which exit is prohibited, verbal abuse, a practice which denies the individual sleep, shelter, food drink, physical movement for long periods or time, use of bathroom facilities or work benefiting others without pay except as outlined in section (5).
6. Written procedure for employees/agents to report violations of policies and	The surveyor will look for the presence of a written procedure for employees/agents to report violations of the provider's policies and procedures. It is a best practice to include a mechanism for the employee/agent to report violations outside the

procedures. 460 IAC 6-9-4(m)	immediate chain of supervisory responsibility in cases where the immediate supervisor is the source of the violation.
7. Written personnel policy that is distributed to each employee/agent. A job description for each position with minimum qualifications, major duties/responsibilities of the employee and the name and title of the supervisor to whom the employee in the position must report. 460 IAC 6-16-2(b)(1)	The surveyor will look for the presence of a written personnel policy and evidence that this policy is distributed to each employee/agent. The surveyor will look for evidence that there is a job description for each position that has been distributed to the applicable employee/agent and containing the items described in the standard. This is often accomplished by having a sign-off sheet for the policy and a signed copy of the job description with all elements in the employee file. Distribution of the policy via an employee handbook is acceptable <u>only</u> if the handbook contains the personnel policy in its entirety (with all elements as noted in the standard) rather than a summary or reference.
8. Written procedure for conducting reference, employment, and criminal background checks. 460 IAC 6-16-2(b)(2)	The provider's written personnel policy must include the procedure for conducting reference, employment and criminal background checks. The surveyor will look for the presence of the policy and evidence that it has been distributed to each employee. The policy should indicate how the agency will investigate or confirm the reference and employment information provided by the prospective employee. Criminal background checks must be obtained through the Indiana State Police Central Repository for Criminal History. This is the only accepted source for criminal background checks. For anyone hired after October 1, 2003 there must be a criminal background check for each county of residence for the employee during the three (3) years before the criminal background check. If a county refuses to provide this information, there must be a statement in the employee file from the county stating that they will not provide this information.
9. Written prohibition against employing or contracting with a person convicted of offenses listed in 460 IAC 6-10-5. 460 IAC 6-16-2(b)(2)	The surveyor will look for the presence of a written personnel policy containing a prohibition against employing or contracting with a person convicted of a sex crime, exploitation of an endangered adult, failure to report battery, neglect, or exploitation of an endangered adult or abuse or neglect of a child, theft (if the conviction occurred less than ten (10) years before the person's employment application date), murder, voluntary manslaughter, involuntary manslaughter, felony battery, and a felony offense related to a controlled substance. The surveyor will look for evidence that each employee has received a copy of this personnel policy.
10. A process for evaluating the job performance of each employee/agent at the end of the training period and annually thereafter, including a process for feedback from individuals receiving services from the employee/agent. 460 IAC 6-16-2(b)(4)	The surveyor will look for the presence of a written personnel policy containing a process for evaluating the job performance of each employee/agent at the end of the training period and annually thereafter. The evaluation process must include a process for including feedback from individuals served by the employee/agent. Feedback from individuals served is not required for those employees/agents who do not directly serve individuals. The surveyor will look for evidence that each employee has received a copy of this personnel policy.
11. Disciplinary procedures. 460 IAC 6-16-2(b)(5)	The surveyor will look for the presence of a written personnel policy containing the agency's disciplinary procedures and for evidence that each employee has received a copy of this procedure.
12. A description of grounds for disciplinary action against or dismissal of an employee/agent. 460 IAC 6-16-2(b)(6)	The surveyor will look for the presence of a written personnel policy containing a description of the grounds for disciplinary action or dismissal and for evidence that each employee has received a copy of this procedure.
13. This item is not currently used.	
14. Written training procedure that is distributed to the provider's employees/agents. 460 IAC 6-16-3	<p>The surveyor will look for the presence of a written training procedure that includes (at least):</p> <ul style="list-style-type: none"> • mandatory orientation for each new employee/agent to assure the employee/agent's understanding of and compliance with the mission, goals, organization and practices of the provider and applicable requirements of

	<p>this article</p> <ul style="list-style-type: none"> • a system for documenting the training for each employee/agent including the type of training, the name and qualifications of the trainer, the duration of the training, the date or dates of training, the signature of the trainer verifying satisfactory completion of the training by the employee/agent, and the signature of the employee/agent. • a system for ensuring that a trainer has sufficient education, expertise, and knowledge of the subject to achieve the listed outcomes under the system • a system for providing annual in-service training to improve the competency of employees/agents in protection of individual rights (including the protection against abuse, neglect, or exploitation), incident reporting, and medication administration (if the provider administers medication to an individual). <p>The surveyor will look for evidence (sign off sheet, etc.) that each employee/agent has received a copy of this procedure.</p>
15. Written policies and procedures that limit the use of highly restrictive procedures, including physical restraint or medication to assist in the management of behaviors and that focus on behavioral supports that begin with less restrictive or intrusive methods before more intrusive or restrictive methods are used. 460 IAC 6-18-3	This item applies only to providers of Behavioral Support Services. The surveyor will look for the presence of written policies and procedures that limit the use of highly restrictive procedures, including physical restraint or medication, and which focus on behavioral supports that begin with less restrictive/intrusive methods before using more intrusive/restrictive methods.
<p><u>Review of Individual Records: Health Care Coordination</u></p> <p>This section of the survey applies to providers identified in the individual's ISP as responsible for the health care of the individual. This section looks at the provider's systems of documenting services, monitoring and tracking medical issues such as medication side effects, seizures, health related incidents and changes in the individual's status, and communication with other service providers. The surveyor will review a sample of four files or 10% (whichever is greater) of individuals served under this service.</p>	
16. The date of health and medical services provided to the individual. 460 IAC 6-25-3(b)(1)	The surveyor will review the individual's file for evidence that health and medical services provided to the individual are dated.
17. A description of health care or medical services provided to the individual 460 IAC 6-25-3(b)(2)	The surveyor will review the individual's file for evidence of a description of health care or medical services provided to the individual.
18. The signature of the person providing health care or medical services. 460 IAC 6-25-3(b)(3)	The surveyor will review the individual's file for evidence of the signature of the person providing health care or medical services to the individual.
19. Documentation of an organized system of medication administration. 460 IAC 6-25-3 (b) (4)(A), 6-25-4	<p>This item does not apply to an individual who does not take medication.</p> <p>The surveyor will review the individual's file for evidence of an organized, individualized, written system of medication administration for the individual developed by the provider of Health Care Coordination or the provider identified in the ISP as responsible for the health care of the individual. This system shall be shared with all providers serving the individual who administer medication and must include the following elements (at least):</p> <ul style="list-style-type: none"> • the identification and description of each medication required by the individual • documentation that the individual's medication is administered only by trained and authorized personnel unless the individual is capable of self-administration as provided in the ISP. • documentation of the administration of the medication, including administration from the original labeled prescription container, the name and amount of medication administered, the date and time of medication administered, and the initials of the person administering the medication.

	<ul style="list-style-type: none"> • procedures for the destruction of unused medication • documentation of medication administration errors • a system for the prevention or minimization of medication administration errors • procedures for the storage of medication (when indicated as necessary in the individual's ISP) in the original labeled prescription container, in a locked area when stored at room temperature, in a locked container in the refrigerator if required, separately from non-medical items, and under prescribed conditions of temperature, light, humidity, and ventilation. • a system for communication among all providers that administer medication to the individual <p>The provider identified in the ISP as responsible for the health care of the individual is responsible to develop this system and to share it with all providers who administer medications to the individual. All providers who administer medication to the individual are expected to implement and comply with the organized system developed by the provider responsible for health care.</p>
20. Documentation of the individual's refusal to take medication. 460 IAC 6-25-3(b)(4)(B), 6-25-4(d)(8), 6-25-5	<p>This item does not apply to an individual who does not take medication. The surveyor will review the individual's file for evidence of proper documentation of the individual's refusal to take medication, including the name, date, time and duration of refused medication, description of the provider's response to the refusal, signature of person observing the refusal, and evidence of a review of the refusal by the provider with the individual's physician and support team.</p>
21. Monitoring of medication side effects. 460 IAC 6-25-3(b)(4)(C), 6-25-6	<p>This item does not apply to an individual who does not take medication or to an individual whose family is responsible to monitor the side effects of medication. The surveyor will review the individual's file for evidence of:</p> <ul style="list-style-type: none"> • a written system to properly monitor the side effects of the medications used by the individual including the training of all direct care staff, employees/agents concerning the identification of side effects and interactions of all medications administered to an individual and instruction on medication side effects and interactions • a side effect tracking record including how often the individual should be monitored for side effects of each medication administered, who shall perform the monitoring, and when monitoring shall be performed • a written system for communication with all providers working with the individual regarding the monitoring of medication side effects <p>The provider identified in the ISP as responsible for the health care of the individual is responsible to develop this system and to share it with all providers who administer medications to the individual. All providers who administer medication to the individual are expected to implement and comply with the medication side effects monitoring system developed by the provider responsible for health care.</p>
22. Seizure tracking. 460 IAC 6-25-3(b)(4)(D), 6-25-7	<p>This item does not apply to an individual who does not have seizures or to an individual whose family is responsible for seizure management. The surveyor will review the individual's file for evidence of a seizure management system for the individual including:</p> <ul style="list-style-type: none"> • training of direct care staff, employees/agents concerning the administration of medication • a seizure tracking record for documenting events that describes what happened immediately preceding, during, and following a seizure • documentation of any necessary follow-up and follow along services by the individual's physician • a system for checking the levels of the individual's seizure medications at least annually or as ordered by the physician • a written system for communication with all providers working with the individual regarding the individual's seizures <p>The provider identified in the ISP as responsible for the health care of the individual is responsible to develop this system and to share it with all providers. All providers working the individual are expected to implement and comply with the seizure</p>

	management system developed by the provider responsible for health care.
23. Documentation of changes in an individual's status. 460 IAC 6-25-3(b)(4)(E), 6-25-8	<p>The surveyor will review the individual's file for evidence of documentation:</p> <ul style="list-style-type: none"> • of any change in an individual's physical condition, mental status or any unusual event including vomiting, choking, falling, disorientation or confusion, patterns of behavior, seizures, etc. • of the date, time, and duration of the change or event, a description of the staff's response to the change/event and the signature of the person observing the change/event. • that the observing provider has shared the documented change/event with the provider identified in the ISP as responsible for the individual's health care within 24 hours of the change/event or by noon on the next business day unless the change/event is a reportable incident, in which case the change/event must be reported within 24 hours.
24. An organized system of health related incident management. 460 IAC 6-25-3(b)(4)(F), 6-25-9	<p>This item does not apply to an individual whose family is responsible for managing his/her health.</p> <p>The surveyor will review the individual's file for evidence of a system to manage health related incidents for the individual designed by the provider responsible for the health care of the individual. The management system shall include (at least) a trend analysis of incidents for the individual (for example, the number and kinds of choking incidents and the circumstances under which they occur, etc.), documentation that summarizes the findings of the analysis and steps taken to prevent or minimize the occurrence of incidents (for example, cutting food into small pieces, training staff in positioning the individual, etc.) and a written system of communication regarding health related incidents among all providers who work with the individual. This item is required for all individual for whom the ISP identifies a provider as responsible for health care. If an individual has had no health related incidents there should still be documentation of a system. The provider identified in the ISP as responsible for the health care of the individual is responsible to develop this system and to share it with all providers. All providers working the individual are expected to implement and comply with the health related incident management system developed by the provider responsible for health care.</p>
<p><u>Review of Individual Records: Behavioral Support Services</u></p> <p>This section of the survey applies to providers who are approved to provide Behavioral Support Services and looks at behavioral support plans, documentation of services, and provisions for review by the applicable human rights committee and support team. The surveyor will pull a sample of four files or 10% (whichever is greater) of individuals served under this service.</p>	
25. A copy of the individual's behavioral support assessment. 460 IAC 6-18-4(b)(1)	The surveyor will review the individual's file for the presence of a behavioral support assessment which describes how the behavioral needs of the individual were determined. The functional analysis or assessment may serve as this assessment.
26. A copy of the individual's behavioral support plan. 460 IAC 6-18-4(b)(2)	The surveyor will review the individual's file for the presence of a behavioral support plan (if one has been developed from the assessment).
27. Monthly report of behavioral progress. September 15, 2005 letter from P. Bisbecos 460 IAC 6-18-4(b)(3),(4),&(5)	<p>The surveyor will review the individual's file for waiver participant status monthly summary documentation summarizing progress on behavioral health. Each monthly summary will include:</p> <ul style="list-style-type: none"> ▪ frequency of visits by behavioral supports provider during summary month; ▪ description of services provided during summary month; and ▪ progress towards ISP objective during summary month, expressed in metric or measurable fashion.
28. This item is currently not used.	
29. This item is currently not used.	
30. Documentation that the least intrusive method was attempted and exhausted first. 460 IAC 6-18-4(a)(1)	The surveyor will review the individual's file for documentation that the behavioral support plan was developed under the principle that the least intrusive method of behavioral management was attempted and exhausted first before proceeding to more intrusive management methods.
31. Documentation system in the behavioral support plan for direct	The surveyor will review the individual's file for the presence of a clear and complete documentation system meeting <u>all elements</u> as required in the standard, i.e.

care staff working with the individual to record episodes of targeted behavior(s), including date(s) and time(s) of behavior(s), duration of behavior(s), a description of what precipitated behavior(s), a description of activities that helped alleviate behavior(s), and the signature of staff observing and recording behavior(s). 460 IAC 6-18-2(h)	a documentation system in the behavioral support plan for direct care staff working with the individual to record episodes of targeted behavior(s), including date(s) and time(s) of behavior(s), duration of behavior(s), a description of what precipitated behavior(s), a description of activities that helped alleviate behavior(s), and the signature of staff observing and recording behavior(s).
32. If the use of medication is included in the behavioral support plan, the behavioral support plan includes a plan for assessing the use of medication and the appropriateness of a medication reduction plan or documentation that a medication reduction plan was implemented in the past 5 years and proved not to be effective. 460 IAC 6-18-2(i)	If the use of medication is included in the individual's behavioral support plan, the surveyor will review the individual's file for evidence indicating that the provider assessed the use of medication. The surveyor will also look for evidence of a medication reduction plan <u>or</u> for documentation that a medication reduction plan is contraindicated or has been implemented without success in the past five years. Evidence could consist of documentation of an increase in targeted behaviors when medication is reduced.
33. If a highly restrictive procedure is deemed necessary and included in the behavioral support plan, the behavioral support plan also contains a functional analysis of the targeted behavior(s) for which the highly restrictive procedure is designed. 460 IAC 6-18-2(j)(1)(2)(3)	If a highly restrictive procedure has been determined necessary and is included in the behavioral support plan, the surveyor will review the individual's file for the presence of a functional analysis/assessment of the targeted behavior(s) for which the highly restrictive procedure has been designed. There must be documentation that the risk(s) of the targeted behavior(s) have been weighed against the risk(s) of the use of the highly restrictive procedure and the benefits expected as a result of the procedure <u>and</u> documentation that systematic efforts to replace the targeted behavior(s) with an adaptive skill were used and found not to be effective.
34. Documentation that the individual, the individual's support team and the applicable human rights committee agree that the use of the highly restrictive method is required to prevent significant harm to the individual or others. 460 IAC 6-18-2(j)(4)	If a highly restrictive procedure has been determined necessary and is included in the behavioral support plan, the surveyor will review the individual's file for the presence of documentation that the individual, the individual's support team and the applicable human rights committee agree that the use of the highly restrictive method is necessary to prevent significant harm to the individual or to others. This documentation may be pieced together from various sources or may be found on a sign-off sheet summarizing the decision, but this decision is a required element of the BSP.
35. Informed consent from the individual or the individual's legal representative. 460 IAC 6-18-2(j)(5)	If a highly restrictive procedure has been determined necessary and is included in the behavioral support plan, the surveyor will review the individual's file for the presence of documentation that the individual or the individual's legal representative has provided informed consent to the highly restrictive procedure. This documentation is most frequently seen in a sign-off sheet specifically granting consent to implement a BSP containing a highly restrictive procedure.
36. Documentation that the behavioral support plan is reviewed regularly by the individual's support team. 460 IAC 6-18-2(j)(6)	If a highly restrictive procedure has been determined necessary and is included in the behavioral support plan, the surveyor will review the individual's file for the presence of documentation that the behavioral support plan is reviewed on a regular basis (as prescribed by the ISP) by the individual's support team. This documentation may be found a variety of sources (quarterly reviews, case notes, etc.) or be on a sign-off sheet.
37. This item is currently not used.	
Review of Individual Records: Case Management This section of the survey applies to agencies that have been approved to provide case management services and looks at the documentation of contacts with the individuals served and the results of monitoring the quality, timeliness and appropriateness of services and products delivered to the individual. The surveyor will review a sample of four files or 10% (whichever is greater) of individuals served under this service. It is acceptable to review CM notes in electronic format which will not have the case manager's signature but should have the name of the case manager on each page. If	

CM notes are reviewed in Word or handwritten format, the signature or initials of the case manager are required. Items requiring the presence of systems designed by the provider responsible for the health care of the individual do not apply if the individual or a family member is identified on the ISP as responsible for health care.	
38. Documentation of each contact with the individual and the individual's service providers. 460 IAC 6-19-7(a)	The surveyor will review the individual's file for documentation of each contact with the individual and the individual's service providers. Documentation should be updated and revised whenever case management services are provided. When the case manager visits the individual in the individual's residence, the CM must sign in with the provider identified in the ISP as responsible for the individual's living supports.
39. Appropriateness of goals in the individual's ISP. 460 IAC 6-19-6(b)(1)	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services being provided to the individual, the case manager has assessed the appropriateness of the outcomes in the ISP. The surveyor may compare the outcomes, goals and strategies in the ISP to the PCP for evidence that the case manager has assessed the appropriateness of the outcomes. A written assessment that the services are appropriate or the completion of 90 day reviews are both acceptable sources of this documentation.
40. An individual's progress toward the goals in the individual's ISP. 460 IAC 6-19-6(b)(2)	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services being provided to the individual, the case manager has assessed and documented the progress the individual has made toward each outcome in the individual's ISP. The documentation should reflect the case manager's appraisal of the progress made. The documentation of progress toward achieving outcomes may be found in case notes, quarterly reviews, on the ISP itself, or in other locations. The 90 day reviews are not an acceptable source for this documentation.
41. Any medication administration system for the individual. 460 IAC 6-19-6 (c)(1)	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services being provided to the individual, the case manager has monitored the medication administration system developed by the provider identified in the ISP as responsible for the health needs of the individual. This may include monitoring of the individual's MAR or 90 day reviews. If there is no documentation that medication administration system has been reviewed, the case manager will be cited unless there is documentation (copies of emails, letters) of his/her attempts to obtain the system from the provider responsible to generate the system. This item is not required if the individual does not take medications or if the ISP notes that the individual self medicates or family is responsible for medications.
42. An individual's behavioral support plan. 460 IAC 6-19-6(c)(2)	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services being provided to the individual, the case manager has reviewed the individual's behavioral support plan (if applicable as identified in the individual's ISP). If there is no evidence of review, the case manager will be cited unless there is documentation (copies of emails, letters) of his/her attempts to obtain the BSP from the provider of behavioral support services. This item does not apply to individuals who do not require behavioral support services.
43. Any health related incident management system for the individual. 460 IAC 6-19-6(c)(3)	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services being provided to the individual, the case manager has reviewed the health related incident management system for the individual. A health related incident management system is required for all individuals for whom the ISP identifies a provider as responsible for health care. The surveyor will review the database for BDDS reportable incidents. If there is no evidence of review, the case manager will be cited unless there is documentation (copies of emails, letters) of his/her attempts to obtain the health related incident management system from the provider responsible to generate the system. This item does not apply if no provider is identified in the ISP as being responsible for meeting the individual's health care needs.
44. Any side effect monitoring system for the individual. 460 IAC	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services

6-19-6(c)(4)	being provided to the individual, the case manager has reviewed the side effect monitoring system for the individual. If there is no evidence of review, the case manager will be cited unless there is documentation (copies of emails, letters) of his/her attempts to obtain the side effect management system from the provider responsible to generate the system. This item does not apply if the individual takes no medication or if the individual's family is identified in the ISP as responsible for medications.
45. Any seizure management system for the individual. 460 IAC 6-19-6(c)(5)	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services being provided to the individual, the case manager has reviewed the seizure management system for the individual. If there is no evidence of review, the case manager will be cited unless there is documentation (copies of emails, letters) of his/her attempts to obtain the seizure management system from the provider responsible to generate the system. This item does not apply if the individual does not have seizures or if no provider is identified in the ISP as responsible for seizure management (i.e. family is responsible for seizure management).
46. Documentation of the provider's follow-up on problems. 460 IAC 6-19-8(a)(1)	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services being provided to the individual, the case manager has appropriately followed up on problems that have been identified in the case record. Documentation may be found in case notes, quarterly reviews, or other similar locations.
47. The resolution of problems. 460 IAC 6-19-8(a)(2)	The surveyor will review the individual's file for documentation that as part of the process of monitoring the quality, timeliness and appropriateness of the services being provided to the individual, the case manager has appropriately resolved problems that have been identified in the case record. Documentation may be found in case notes, quarterly reviews, or other similar locations.
Review of Agency Employee Files This section of the survey looks at the agency's compliance with standards regarding employee files in the areas of background checks, proper professional certification, and training. The surveyor will pull a sample of fifteen (15) agency employee files and review them for the presence and completeness of each item as noted in the standard. If there are deficiencies, the surveyor will review the files in the first sample to see that the specific deficiencies are corrected and then pull a second sample of 15 files (looking at only the items cited) to assure that the specific deficiencies are corrected throughout the agency. All elements in the standard must be present. The surveyor will ask the agency representative to identify the position of each employee selected in the sample, as some items apply to staff in certain positions. In some agencies, employee medical information is stored in a separate file. The surveyor may look at multiple files to obtain required documentation. The agency may also produce updated information on employees during the survey if it is obvious to the surveyor that the missing information is not evidence of a systemic failure of the company to comply. Items 48-57 are applicable to all providers (single person or provider with employee/agents). Items 58-60 are applicable only to providers who deliver services through employees or agents.	
48. Limited criminal background check. 460 IAC 6-10-5(a)(b)(c)	The surveyor will review the employee file for the presence of a criminal background check via the Indiana State Police Central Repository for Criminal History (the only accepted source of the background check which may be done on the web or by mail) to assure that no agency employee, agent or officer has been convicted of a crime listed in the standard (sex crime, exploitation of an endangered adult, failure to report battery, neglect, or exploitation of an endangered adult, abuse or neglect of a child, theft occurring within 10 years of the employee's application date, murder, voluntary or involuntary manslaughter, felony battery, or a felony offense relating to a controlled substance). For employees hired after October 1, 2003, compliance also requires the presence of a criminal background check for each county of residence of the employee in the three (3) years prior to the background check. If the county refuses to provide this information, there must be a letter from the county stating that refusal in the employee's file.
49. State nurse aide registry. 460 IAC 6-10-5(d)	The surveyor will review the employee file for evidence that each direct care staff has not had a finding entered into the state nurse aide registry. The most common type of documentation for this item is a copy of the page with the alphabet range in which the employee's name would be located if there were a finding in the registry. It is also acceptable to provide documentation via an automated telephone system. If using this method, there should be documentation in the file of the date the

	record was checked and the outcome of the check signed by the administrator obtaining the report.
50. Negative TB test. 460 IAC 6-15-2(b)(1)	The surveyor will review the employee file for evidence of a negative TB screening dated prior to the employee providing services and updated in accordance with recommendations of the Centers for Disease Control. This item applies to all employees/agents, including administrative and clerical staff. The most common type of documentation for this item is a signed and dated statement from the health department or other entity authorized to screen for TB (agency nurse, etc.). For an employee/agent who cannot take the TB skin test, a negative x-ray is required. Evidence of a negative chest x-ray is required for individuals with a positive skin test.
51. CPR certification, updated annually. 460 IAC 6-15-2(b)(2)	The surveyor will review the employee file for evidence of the successful completion of training in cardiopulmonary resuscitation certification and recertification updated every one (1) or two (2) years (as established by the training entity) for each employee/agent who works with individuals. The most common type of documentation for this item is a copy of the CPR card issued by the Red Cross or other entity authorized to certify competence.
52. Automobile insurance information, updated when due to expire (if employee transports individuals in his/her personal vehicle). 460 IAC 6-15-2(b)(3)	If the employee transports individuals in his/her personal vehicle, the surveyor will review the employee file for evidence that the employee's vehicle carries current insurance. The most common type of documentation for this item is a copy of an insurance card or statement on insurance company letterhead with a current date.
53. This item is not currently used.	
54. Professional licensure, certification or registration, including renewals. 460 IAC 6-15-2(b)(5)	The surveyor will review the employee file for evidence of current and proper licensure, certification or registration (including renewals) for applicable positions (nurse, therapist, etc.). The most common type of documentation for this item is a copy of the applicable licensure/certification document.
55. Copy of driver's license. 460 IAC 6-15-2(b)(6)	The surveyor will review the employee file for evidence of the employee's driver's license, if the employee transports individuals. Expired driver's licenses are not acceptable. The most common type of documentation for this item is a copy of the driver's license.
56. This item is not currently used.	
57. Copies of the agenda for each training session including the subject matter, date and time of training, name of person(s) conducting the training, and documentation of the employee/agent's attendance at each training session, signed by the employee/agent and the trainer. 406 IAC 6-15-2(b)(8)	The surveyor will review the employee file for evidence of training agendas. The following elements must be present in the documentation for compliance: the subject matter of the training, the date and time (or duration) of the training, the name of the person providing the training, and documentation of the employee/agent's attendance at the training session signed by the person conducting the training and the employee/agent. A properly formatted training agenda is required for any training conducted after January 1, 2003. It is recognized that some types of training may be provided by an outside source for which the required documentation cannot be obtained (i.e. long distance learning, automated training, etc.). It is expected that the provider will obtain as much required documentation as possible in these circumstances.
58. Individual rights, including respecting the dignity of an individual, protecting an individual from abuse, neglect and exploitation, implementing person centered planning and an individual's ISP, and communicating successfully with an individual. 460 IAC 6-14-4(a)	The surveyor will review the employee file for evidence that the agency has provided training to the employee in the protection of an individual's rights, including how to respect the dignity of an individual, protect an individual from abuse, neglect and exploitation, implementing person centered planning and the individual's ISP and communicating successfully with an individual. This item applies to all employees/agents of the agency including administrative, clerical and other staff. This training is to occur prior to the employee/agent working with the individual. If the agency has a written policy/procedure assuring the sufficient education, expertise and knowledge of this identified trainer for the agency, that will be accepted in lieu of training for this employee/agent.
59. This item is currently not used.	
60. Providing a healthy and safe environments for an individual, including how to administer CPR,	This item applies to direct care staff. Applicable training shall be completed prior to the staff person working with an individual. The surveyor will review the employee file for evidence (usually training agendas) that the staff person has been

how to practice infection control, universal precautions, how to manage individual specific treatments and interventions, including management of the individual's seizures, behaviors, medication side effects, diet and nutrition, swallowing difficulties, emotional and physical crises, and significant health concerns. 460 IAC 6-14-4(c)	appropriately trained in general competencies such as CPR, universal precautions and infection control as well as in individual specific treatments and interventions including (as applicable) management of the individual's seizures, behaviors, diet and nutrition, swallowing difficulties, emotional and physical crises and significant health concerns. For the generic training, a copy of CPR certification from an entity such as the Red Cross is acceptable. Staff will be queried on universal precautions during the residential or voc/hab sections of the survey. For the individual specific training, the surveyor will look for documentation of training related to the individuals with whom the staff is working. All evidence of training does not need to be in the employee file, but if not located in the employee file, it must be provided to the surveyor for review at the time of the survey.
<u>Review of Provider Internal Quality Assurance/Quality Improvement System</u> This section of the surveyor addresses the agency's compliance with standards applicable to quality assurance and improvement. The surveyor will look for evidence of an annual survey of individual satisfaction that is used by the agency to improve the service delivery system and the effectiveness and appropriateness of services and evidence of a process to review and analyze reportable incidents, make recommendations to reduce the risk of future incidents and for reviewing the outcomes of these recommendations to assess their effectiveness. Items 61-66 apply to all providers. Items 67-69 apply to providers responsible for medication administration. Items 70-72 apply to providers of Behavioral Support services, and items 73-75 apply to providers of RHS and Day services. Each of these clusters of items is related to the agency's systems to analyze data, make recommendations and to continuously review these recommendations to improve services.	
61. Annual survey of individual satisfaction for all providers. 460 IAC 6-10-10(b)(1)	Items 61-63 go together to comprise a system for soliciting and responding to feedback from individuals served. The surveyor will review documents/files for evidence that the agency conducts an annual survey of individual satisfaction with services being provided by the agency. The surveyor will look for evidence that the results of the annual survey were compiled and reviewed. A copy of the satisfaction survey and minutes of meetings in which the findings were reviewed are examples of acceptable documentation for this item.
62. Documentation of efforts to improve service delivery in response to the survey. 460 IAC 6-10-10(b)(3)	The surveyor will review for documentation of efforts to improve services in response to the survey of individual satisfaction. Again, a common source for this documentation for this item is minutes of meetings which reflect efforts to improve service delivery as a response to the individual satisfaction survey.
63. An assessment of the appropriateness and effectiveness of each service provided to an individual. 460 IAC 6-10-10(b)(4)	The surveyor will review for documentation that the appropriateness and effectiveness of each service provided to an individual has been assessed. This is may be found in quarterly or semi-annual reports regarding the individual, but may also be found in case notes and chronological notes or in a more formal review (department meeting notes, policy/procedure) of the appropriateness and effectiveness of services.
64. A process for analyzing data concerning reportable incidents. 460 IAC 6-10-10(b)(5)(A)	Items 64-66 go together to comprise a system (that is described in a written document) for analyzing data and developing recommendations to reduce reportable incidents. The surveyor will review for documentation that data regarding reportable incidents has been analyzed. This documentation is often found in the minutes of the safety committee meetings or other group that regularly reviews or evaluates risk.
65. Developing recommendations to reduce the risk of future incidents. 460 IAC 6-10-10(b)(5)(B)	The surveyor will review for documentation that, after analyzing the data regarding reportable incidents, recommendations have been developed to reduce the risk of future incidents.
66. Reviewing recommendations to assess their effectiveness. 460 IAC 6-10-10(b)(5)(C)	The surveyor will review for documentation that past recommendations made to reduce the risk of future incidents have been reviewed and assessed for their effectiveness in actually reducing further incidents. This item closes the 'feedback loop' in documenting, analyzing, and continuously adjusting recommendations to reduce the risk of incidents among individuals served. Again, documentation is often found in the minutes of safety committee meeting notes. A best practice would be to note that no incidents occurred (when applicable) so that the surveyor can observe that the issue was 'on the agenda' for discussion.
67. A process of analyzing medication errors. 460 IAC 6-10-10(b)(6)(A)	Items 67-69 go together and comprise a system (that is described in a written document) for analyzing data to develop recommendations to reduce the occurrence of medication errors. This item applies to providers that administer medication. If applicable, the surveyor will review for documentation that the provider has a

	process for analyzing medication errors. This documentation may often be found in a policy with evidence of implementation in the minutes of safety committee or other risk assessment or staff meeting minutes.
68. A process for developing recommendations to reduce the risk of future medication errors. 460 IAC 6-10-10(b)(6))B)	The surveyor will review for documentation that the provider has a process for developing recommendations to reduce the risk of future medication errors. This information could be in a written policy with evidence of its implementation in meeting notes.
69. A process for reviewing the recommendations to assess their effectiveness. 460 IAC 6-10-10(b)(6)(C)	The surveyor will review for documentation that the provider has a process for reviewing past recommendations to reduce medication errors to assess the effectiveness of those recommendations. This item closes the ‘feedback loop’ in documenting, analyzing, and continuously adjusting recommendations to reduce the risk of medication errors among individuals served. Documentation is often found in the minutes of safety committee or other risk assessment or staff meeting minutes.
70. A process of analyzing the appropriateness and effectiveness of behavioral support techniques used for an individual. 460 IAC 6-10-10(b)(7)(A)	Items 70-72 go together and comprise a system (that is described in a written document) for analyzing data to develop recommendations to evaluate the appropriateness of behavioral support techniques. This item applies to providers of behavioral support services. If applicable, the surveyor will review for evidence that the appropriateness and effectiveness of behavioral support techniques used for an individual has been reviewed. This information is most often found in an analysis/assessment of behavioral data gathered. Documentation must clearly show that techniques are reviewed and evaluated for appropriateness/effectiveness based on the reduction of targeted behaviors and/or the acquisition of desired behaviors.
71. A process for developing recommendations concerning the behavioral support techniques used with an individual. 460 IAC 6-10-10(b)(7)(B)	The surveyor will review for documentation that, as a result of the analysis referenced in item #70, recommendations concerning the behavioral support techniques used with the individual are developed. This may include statements recommending the continuing use of the current techniques or recommending changes in the use of techniques.
72. A process for reviewing recommendations to assess their effectiveness. 460 IAC 6-10-10(b)(7)(C)	The surveyor will review for documentation that, as a result of the analysis and recommendations referenced above, recommendations are reviewed to assess their effectiveness. This item closes the ‘feedback loop’ in documenting, analyzing, and continuously assessing the effectiveness of recommendations regarding the appropriateness of behavioral techniques used with the individual.
73. A process for analyzing the appropriateness and effectiveness of instructional techniques used for an individual. 460 IAC 6-10-10(b)(8) (A)	Items 73-75 go together and comprise a system (that is described in a written document) to analyze and make recommendations to evaluate the effectiveness of instructional techniques. This item applies to providers of residential habilitation and support or day services. If applicable, the surveyor will review for evidence of a process to analyze the appropriateness and effectiveness of the instructional techniques used for an individual using the data collection system and looking at the accomplishment of goals and objectives.. This is most often found in quarterly or semi-annual reports regarding the individual, but may also be found in case notes and waiver participant status monthly summaries. The documentation must clearly note that the appropriateness and effectiveness of instructional techniques (including appropriate locations for instruction) has been addressed.
74. A process for developing recommendations concerning the instructional techniques used for an individual. 460 IAC 6-10-10(b)(8)(B)	The surveyor will review for documentation that, as a result of the analysis referenced in item #73, recommendations are developed concerning the appropriateness and effectiveness of instructional techniques used for an individual. This may include statements continuing the use of current instructional techniques or recommending changes in the use of techniques.
75. A process for reviewing recommendations to assess their effectiveness. 460 IAC 6-10-10(b)(8)(C)	The surveyor will review for documentation that, as a result of the analysis and recommendations referenced above, recommendations are reviewed to assess their effectiveness. This item closes the ‘feedback loop’ in documenting, analyzing, and continuously assessing the effectiveness of recommendations regarding the appropriateness of instructional techniques used with the individual. The surveyor will review for documentation that the process has been implemented and that recommendations have been reviewed to assess their effectiveness.